

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

0670031 AB

**DOCUMENT # F97000004892**

1. Entity Name  
**WHEREHOUSE SUBSIDIARY I CO., INC.**



04-15-2003 90091 014 \*\*\*158.75

Principal Place of Business  
**19701 HAMILTON AVE  
TORRENCE CA 90502**

Mailing Address  
**19701 HAMILTON AVE  
TORRENCE CA 90502  
US**

2. Principal Place of Business  
**SAME AS ABOVE**

3. Mailing Address  
**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**TORRENCE**

City & State  
**TORRENCE**

4. FEI Number **75-1438662**

Applied For  
Not Applicable

Zip **90502** Country **US**

Zip **90502** Country **US**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
STE. 105  
TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**N/A**  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<del>PD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>ALVAREZ, ANTONIO C II</del>	
STREET ADDRESS	<del>19701 HAMILTON AVE</del>	
CITY-ST-ZIP	<del>TORRENCE CA 90502</del>	
TITLE	<del>VPOA</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>ALVAREZ, MARK D</del>	
STREET ADDRESS	<del>19701 HAMILTON AVE</del>	
CITY-ST-ZIP	<del>TORRENCE CA 90502</del>	
TITLE	<del>SVPT</del>	<input type="checkbox"/> Delete
NAME	<del>FUERTSCH, CHARLES M</del>	
STREET ADDRESS	<del>19701 HAMILTON AVE</del>	
CITY-ST-ZIP	<del>TORRENCE CA 90502</del>	
TITLE	<del>VPGC</del>	<input type="checkbox"/> Delete
NAME	<del>STRASS, PAUL</del>	
STREET ADDRESS	<del>19701 HAMILTON AVE</del>	
CITY-ST-ZIP	<del>TORRENCE CA 90502</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>VELARDE, MARK A</del>	
STREET ADDRESS	<del>19701 HAMILTON AVE</del>	
CITY-ST-ZIP	<del>TORRENCE CA 90502</del>	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	<del>STRAUSS, PAUL</del>	
STREET ADDRESS	<del>19701 HAMILTON AVE</del>	
CITY-ST-ZIP	<del>TORRENCE CA 90502</del>	

TITLE	<b>CEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JERRY COMSTOCK</b>	
STREET ADDRESS	<b>19701 HAMILTON AVE</b>	
CITY-ST-ZIP	<b>TORRENCE, CA. 90502</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>CFO + DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHRIS NOBLE</b>	
STREET ADDRESS	<b>19701 HAMILTON AVE.</b>	
CITY-ST-ZIP	<b>TORRENCE, CA. 90502</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**CHARLES M. FUERTSCH**

**04-01-03**

**(310) 965-8300**

Date

Daytime Phone #

CR2E034 (10/02)

Attachment  
Doc# F97000004892

90086987

# WHEREHOUSE music

WHEREHOUSE SUBSIDIARY I CO., INC.

## OFFICERS

### Name

### Title

Jerry Comstock~~Larry~~

Chief Executive Officer~~President~~

Gaines

19701 Hamilton Avenue  
Torrance, CA 90502

Charles M. Fuertsch  
19701 Hamilton Avenue  
Torrance, CA 90502

Senior Vice President, Treasurer  
And Co-General Counsel

Paul Strauss  
19701 Hamilton Avenue  
Torrance, CA 90502

Vice President, General Counsel

Mark D. Alvarez  
19701 Hamilton Avenue  
Torrance, CA 90502

Executive Vice President

## DIRECTORS

Jerry Comstock~~Larry~~

Gaines

19701 Hamilton Avenue  
Torrance, CA 90502

Chris Noble~~Mark A~~

Velarde

19701 Hamilton Avenue  
Torrance, CA 90502

Paul Strauss  
19701 Hamilton Avenue  
Torrance, CA 90502